| •   |  |   |                                       |                               |              |                  |       | Application or Docket Number |  |         |                            |                        |
|---|--|---|---------------------------------------|-------------------------------|--------------|------------------|-------|------------------------------|--|---------|----------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective January 1, 2003                           |  |   |                                       |                               |              |                  |       | 18642670                     |  |         |                            |                        |
| OLAIME AR EILED DADT!   |  |   |                                       |                               |              |                  |       |                              |  |         |                            |                        |
|   |  | CLAIMS AS                                 | (Column                               |                               | •            |                  |       | SMALL ENTITY TYPE            |  | OR      | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   | 10                                    |                               |              |                  | ſ     | ·RATE                        | FEE  |         | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED                          |                               | NUMBER EXTRA |                  |       | BASIC FEI                    | 375.00   | OR      | Basic Fee                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | ∫ 0 minus 20=                         |                               | •            |                  | ı     | X\$ 9=                       |  | OR      | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =                           |                               | •            |                  | İ     | X42=                         |  | OR      | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM P  |  |   | RESENT                                |                               |              |                  | 1140  |                              |  | OR      | +280=                      |                        |
| • #   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                               |              |                  | ·     | TOTAL                        | <del>                                     </del> | OR      | TOTAL                      | 750                    |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                               |              |                  |       |                              |  |         | OTHER                      |                        |
| <br>  | (Column 1) (Golumn 3) (Column 3)               |   |                                       |                               |              |                  |       | SMALL                        | ENTITY   | OR      | SMALL                      |                        |
| MTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIK<br>PAID | BER          | PRESENT<br>EXTRA |       | RATE                         | ADDI-<br>TIONAL<br>FEE                           |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | . 9                                       | Minus                                 | •• (                          | 30           | -                |       | X\$ 9=                       |  | OR      | X\$18=                     | 7                      |
|   | Independent                                    | • 1                                       | Minus                                 | ***                           | 3            | -                |       | X42=                         |  | OR      | X84=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |              |                  |       | +140=                        |  | OR      | +280=                      |                        |
|   |  |   |                                       |                               |              |                  | l     | TOTAL                        |  | •       | TOTAL                      |                        |
| \   | 24406  |   |                                       |                               |              |                  |       | NDOTT. FEE                   |  | OR      | ADDIT. FEE                 | <del>-{</del>          |
| <b>I</b>  |  | (Column 1)<br>CLAIMS                      | (Column :                             |                               |              | (Column 3)       |       |                              | 4001   | t       |                            | 4001                   |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVI<br>PAID          | OUSLY        | PRESENT EXTRA    | 1     | RATE                         | ADDI-<br>TIONAL<br>FEE                           |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 15                                      | Minus                                 | **                            |              | 22               |       | X\$ 9=                       |  | OR      | X\$18=                     |                        |
| III   | Independent                                    | • 3                                       | Minus                                 | 200                           |              | -                |       | X42-                         |  | OR      | X84                        |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                       |                               |              |                  |       | +140=                        |  | OR      | +280=                      |                        |
| 1   |  |   |                                       |                               |              |                  |       | TOTAL                        |  | OR      | TOTAL                      |                        |
| (Oahara 4) (Oahara 9) (Oahara 9)  |  |   |                                       |                               |              |                  |       | ADDIT, FEE                   | <del></del>                                      |         | ADDIT. FEE                 |                        |
|   | (Column 1)                                     |   |                                       | (Column 2) (Column 3)         |              |                  | •     |                              | ADDI-  | 1       |                            | ADDI                   |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVI<br>PAID          | OUSLY        | PRESENT<br>EXTRA |       | RATE                         | TIONAL<br>FEE                                    |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                                 | 44                            |              | 3                | ŀ     | X\$ 9=                       |  | OR      | X\$18=                     |                        |
|   | independent                                    | •   | Minus                                 | ***                           |              | •                |       | X42=                         |  | OR      | X84=                       |                        |
| ഥ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |              |                  |       | .446                         |  |         |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.             |  |   |                                       |                               |              |                  |       |                              |  | OR      | +280=                      |                        |
| if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |  |   |                                       |                               |              |                  |       |                              |  | OR      | TOTAL<br>ADDIT. FEE        | [                      |
|   |  | nber Previously Pa                        |                                       |                               |              |                  | r fou | nd in the ap                 | propriate bo                                     | x in co | Aumo 1.                    |                        |